

STATE OF MAINE

SUPERIOR COURT

_____, ss.

Docket No. _____

DISTRICT COURT

Location _____

Docket No. _____

Plaintiff

v.

Defendant

COMPLAINT FOR
DETERMINATION OF PATERNITY,
PARENTAL RIGHTS & RESPONSIBILITIES,
CHILD SUPPORT

1. Plaintiff and Defendant, who are not married, are the parents of the following child(ren):

<i>Name</i>	<i>Date of Birth</i>	<i>Present Address</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Plaintiff resides in (town) _____, (county) _____, (state) _____

3. Defendant resides in (town) _____, (county) _____, (state) _____

4. A. List below where and with whom the child(ren) have lived within the **past 5 years**.

<i>Name and present address of person child(ren) lived with</i>	<i>Dates child(ren) lived with that person</i>	<i>Town and State where child(ren) lived with that person</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. Plaintiff has not been involved in any way in, and has no information about, another court case in any state concerning the custody of the child(ren) except as follows:

☐ Protection from Abuse

☐ Protective Custody

☐ Other (describe what kind of other case) _____

- C. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows: _____

5. (Check all boxes that apply)

- ☐ No public assistance benefits have ever been received for the child(ren).
OR
☐ Public assistance benefits have been, are now, or will be received for the child(ren).
AND
☐ Plaintiff has sent a copy of this complaint to the Department of Human Services at the following address: *Support Enforcement Division, Central Office Supervisor, State House Station 11, Augusta, ME 04333-0011*. (A copy must be sent when the child(ren) have been, are now or will be receiving public assistance benefits.)
☐ The Department of Human Services **has** issued a child support order regarding the child(ren). (*If such an order has issued, a copy of the order must be attached to this Complaint*).
☐ The Department of Human Services **has** been contacted to set up, review, change or enforce a child support order regarding the child(ren).

PLAINTIFF REQUESTS that the court; (Check all boxes that apply)

- ☐ Order blood or tissue typing tests pursuant to 19-A M.R.S.A. § 1558.
☐ Establish that the parties are the parents of the child(ren) listed in this complaint.
☐ Determine parental rights and responsibilities for the minor child(ren) pursuant to 19-A M.R.S.A. § 1653, including child support.
☐ Determine the amount of any past child support and order payment of the past support.
☐ Allocate reimbursement of birth expenses and medical expenses for the child(ren).
☐ Award reasonable attorney's fees to Plaintiff's attorney.

Date: _____

(Plaintiff's signature)

Attorney for Plaintiff: _____
Address: _____
Telephone: _____

Plaintiff: _____
Address: _____
Telephone: _____

STATE OF MAINE

_____ County

Personally appeared the above named Plaintiff, _____, and made Oath that the foregoing statements are true.

Before me,

Date: _____

Attorney at Law / Notary Public / Deputy Clerk